

TOWN OF WESTFORD BOARD OF HEALTH

**APPLICATION TO OBTAIN A
FOOD SERVICE / RETAIL FOOD PERMIT**

NAME OF ESTABLISHMENT_____

ADDRESS OF ESTABLISHMENT_____PHONE_____

NAME OF OWNER(S)_____

ADDRESS OF OWNER(S)_____

PHONE (For emergency purposes)_____FAX_____

E-MAIL (FOR FOOD RECALL NOTICES, ETC.)_____

DAYS & HOURS OF OPERATION_____

OF SEATS_____ # OF NON-SMOKING SEATS_____

WATER SOURCE_____ SEWAGE DISPOSAL_____

NAME & TITLE OF "PERSON IN CHARGE". (590.003)_____

NAME & TITLE OF "CERTIFIED FOOD PROTECTION MANAGER" (590.003, Effective 10/1/01)

FOR FOOD ESTABLISHMENTS WITH MORE THAN 25 SEATS, IS A PERSON TRAINED IN ANTI-CHOKING PROCEDURES ON SITE DURING ALL HOURS OF OPERATION? **YES ☐ NO ☐**

TYPE OF ESTABLISHMENT (Check all that apply)

FOOD SERVICE ESTABLISHMENT ☐ RETAIL ESTABLISHMENT ☐ SEASONAL ☐
CATERING ☐ INCIDENTAL FOOD ☐ RESIDENTIAL KITCHEN ☐ OTHER ☐

FOOD ESTABLISHMENT

0-50 SEATS \$ 150.00
51-200 SEATS 200.00
201-300 SEATS 300.00
OVER 300 SEATS 400.00

SUPERMARKETS \$300.00

**MOBILE, RESIDENTIAL KITCHEN &
SEASONAL FOOD SERVICES \$ 75.00**

RETAIL FOOD ESTABLISHMENTS \$ 100.00

CATERING SERVICE \$ 50.00

INCIDENTAL RETAIL FOOD \$ 50.00

If you manufacture or sell Frozen Dessert(s) (yogurt, soft serve ice cream, sherbert) or Milk or Cream, separate permits are required.

SIGNATURE OF APPLICANT

DATE

Pursuant to M.G.I. 62C Section 49A, I certify under penalties of perjury that I to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

SOCIAL SEC. # / FEDERAL I.D. #

SIGNATURE OF INDIVIDUAL/AGENT OF CORP.